

MS Patent Application

Commissioner for Patents

~~PTO Box 1450~~

Alexandria, VA 22313-1450

12/3/03

Date: *12/3/03*

Doc. No. *498-904DV*

Serial No. *728*

Inventor: *Gebrueder et al.*

Sir:

Kindly acknowledge receipt of the accompanying items listed below by placing your receiving stamp hereon and return mailing:

☒ Application Transmittal and:

☒ Specification pages *33*

☒ No. of Claims *58*

☒ Declaration & POA (*copy for review*)

☒ Assignment and Fee

☒ Small Entity Statement

☒ Formal Drawings *5* sheets

☒ Associate Power of Attorney

☒ Exp. Mail

☐ 1st Class Mail

☐ Submittal of Priority Doc.

☐ Other:

☒ Check \$ *740.00*

☒ IDS & PTO-1449 & *22* refs (*no copies*)

☒ Amendment & Amend. Transmittal

☐ Preliminary Amendment


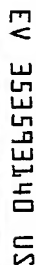
☐ Issue Fee

☐ Brief

☐ Appeal

Respectfully submitted,
MYERS BIGEL SIBLEY & SAJOVEG, P.A.
Attorneys for Applicant

22581 U.S. PTO
10/726391
120403



EXPRESS
MAIL
UNITED STATES POSTAL SERVICE®

Post Office To Addressee

Customer Copy
Label 11-F June 2002

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 21602	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second		Flat Rate Envelope <input type="checkbox"/>
Date In	Postage \$ 10.65		
Mo. Day Year	Return Receipt Fee		
Time In	COD Fee Insurance Fee		
AM <input type="checkbox"/> PM <input type="checkbox"/>			
Weight			
lbs. ozs.			
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Acceptance Clerk Initials SMM		
	Total Postage & Fees \$ 10.65		

DELIVERY POSITIVE COPY ONLY					
Delivery Attempt	Time			Employee Signature	
No.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature	
Delivery Attempt	Time			Employee Signature	
No.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature	
Delivery Date	Time			Employee Signature	
No.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature	
<p><input type="checkbox"/> WAVES OF SIGNATURE (Domestic Only). Additional means must be used to obtain signature or waiver of signature is requested. I wish delivery upon pickup that article can be left in backroom regardless of reduced service charge. Delivery employee's signature constitutes valid proof of delivery location and receipt of goods.</p> <p>NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday _____</p> <p>Customer Signature _____</p>					

METHOD OF PAYMENT:
Express Mail Corporate Acct. No.

X210061

FROM: (PLEASE PRINT)

PHONE (918) 615-2400

MYERS DIGEL SIBLEY & SADDJVED
PO BOX 3742
RALSTON NE 27627-7428

NTB/mprn 998.904 DV 12/3/03

Federal Agency Acct. No. or
Postal Service Acct. No.**TO: (PLEASE PRINT)****PHONE**

mail Stop Patent Application
Commissioner for Patents
Washington, D. C. Box 1450
Alexandria, VA 22313-
1450.

PRESS HARD.
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

